

**ZAHS PTO**  
**Reimbursement / Fund Request Form**

**Reimbursement:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Expenditure  
was for: \_\_\_\_\_  
\_\_\_\_\_

**List**  
**Expend:** \_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$

**Total Expen \$** \_\_\_\_\_

**Fund Request:**

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_

Amount of Request \$ \_\_\_\_\_ Date Funds Are Needed By: \_\_\_\_\_

Date Approved at Board Meeting: \_\_\_\_\_

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**Check Payable to** \_\_\_\_\_

**Received:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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For Treasurer Use:

Included in annual budget     Approved at Board Mtg     25% earned from sponsoring  
(Date \_\_\_\_\_)

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_  misc. \_\_\_\_\_